



**NOTIFICATION OF INTENT TO INDICATE  
CHILD CARE WORKER FOR REPORT OF CHILD ABUSE AND/OR NEGLECT**

The Illinois Department of Children and Family Services has investigated the report of suspected child abuse and/or neglect explained below. The Department **intends to indicate you** as the person who committed the child abuse and/or neglect. **Please read this carefully.**

_____	_____
Name	Date
_____	_____
Address	SCR No.
_____	
City, State, Zip Code	

1. Children reported to be abused or neglected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The reported abuse or neglect is alleged to have occurred at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The Department intends to find you responsible for the following act/omissions (allegations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. An indicated report for the above allegations will be kept on the State Central Register for \_\_\_\_\_ years, unless, based on the outcome of your appeal, it is removed.

5. An explanation of the State Central Register and the appeal process are attached in the “Questions and Answers Regarding Notice of Intent to Indicate Child Care Worker for Report of Child Abuse or Neglect.”

6. Also attached is a summary that explains the facts that the Department gathered that are the basis for the Department’s intent to indicate you.

**ADMINISTRATOR’S TELECONFERENCE**

Before the decision to indicate you is made, you have the opportunity to request a telephone conference with a Child Protection Administrator who has not been involved in the investigation. The Administrator’s Teleconference will allow you to respond to the allegations and the basis of the intent to indicate you.

You may have an attorney, or other representative, take part in the Administrator’s Teleconference. You will not be permitted to present or cross-examine witnesses, but you can give your own account of the incident and provide written statements and documents.

The date and time of your teleconference are \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, at \_\_\_\_\_ a.m ./ pm.

The phone number for your teleconference is ( \_\_\_\_\_ ) \_\_\_\_\_.

The name of the Child Protection Administrator is \_\_\_\_\_

The Administrator’s Teleconference can be rescheduled for good cause. If you need to reschedule, call the Child Protection Administrator at the number listed above as soon as possible.

**In case you have any technical difficulties, such as a busy signal, no answer, voicemail or other inability in reaching the Child Protection Administrator at your appointed date and time, you can call the Office of Child Protection Deputy Director at 217.785.4010 and tell them you are calling about an Administrator’s Teleconference and they will be able to assist you.**

You do not have to take part in the Administrator’s Teleconference. The Administrator’s Teleconference provides you with an opportunity to present any information that you believe can or should help the Department make the most accurate decision regarding the current allegations of child abuse and/or neglect. However, if you choose not to participate in the teleconference, the “intent to indicate” will most likely result in a decision to indicate you for child abuse and/or neglect and place your name on the State Central Register.

After the Administrator’s Teleconference, you will be given written notice of the decision and an explanation of the expedited and regular administrative appeal process. If you do not participate in the Administrator’s Teleconference, you will be sent written notice of the Department’s final decision and an explanation of the expedited and regular administrative appeal process.

You retain your right to appeal the Department’s final decision whether or not you participate in the Administrator’s Teleconference.

Sincerely,

\_\_\_\_\_  
Child Protective Service Worker

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Supervisor’s Name

\_\_\_\_\_  
Supervisor’s Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**DCFS is an equal opportunity employer,  
and prohibits unlawful discrimination in  
all of its programs and/or services.**

In connection with SCR Number \_\_\_\_\_, I acknowledge that I received the following:

1. Notice of Intent to Indicate
2. A summary of the investigation
3. Questions and Answers for Notice of Intent to Indicate

I also acknowledge that these documents have been explained/read to me:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Address

( \_\_\_\_\_ )  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you received this notice by mail, please fill out the acknowledgement form and return it to the Child Protection Service Worker at the address listed on Page 2 of this Notice.

In connection with SCR Number \_\_\_\_\_, I acknowledge that I received the following:

4. Notice of Intent to Indicate
5. A summary of the investigation
6. Questions and Answers for Notice of Intent to Indicate

I also acknowledge that these documents have been explained/read to me:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Address

( \_\_\_\_\_ )  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you received this notice by mail, please fill out the acknowledgement form and return it to the Child Protection Service Worker at the address listed on Page 2 of this Notice.